

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5		/				
6	/					
7	/					
8						
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41	/					
42	/					
43	/					
44	/					
45	/					
46						
47	/					
48	/					
49	/					
50	/					
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/					
53		/				
54	/					
55		/				
56		/				
57		/				
58		/				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		35			↓	
TOTAL DEP.		48			↔	
TOTAL CLAIMS		83			↔	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS